

SOP#: ADCR-4

Admissions, Voucher and Travel (ATV) Process

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NCI Clinical Director Signature:

POLICY

The NIH Clinical Center Admissions, Voucher and Travel (ATV) system is an electronic system used to request:

- Admission to the NIH Clinical Center (inpatient, outpatient and External Location)
- Government-arranged patient air/train travel,
- Vouchers for patient –transportation, lodging and meals
- Patient demographic changes
- Reactivate an old Medical Record Number (MRN)

During the protocol development process the PI completes the *Designation of Reimbursement of Travel and Subsistence* (DRTS) form to determine reimbursement for a protocol. Standard reimbursement is listed on the DRTS form in iRIS. Individual exceptions to the protocol specific reimbursement will need to be approved by Dr. Dahut or his designee (Cheryl Royce) and requested in ATV.

PURPOSE

To provide instructions for using the ATV system for patient inpatient admissions/first time outpatient registration requests, government-arranged travel and/or travel voucher (meals, lodging, transportation) reimbursement requests. The ATV system interacts with the Clinical Research Information System (CRIS).

RESOURCES

- Patient Travel Toolkit [website](#)
 - *Designation of Reimbursement of Travel and Subsistence* (DRTS) form
- Admissions, Travel and Vouchers [website](#)
- Medical Administrative Series (MAS) Policy [website](#)
 - MAS Policy M08-1: *Reimbursement of Travel and Subsistence Expenses for NIH Clinical Research Protocol Participants*

PROCEDURES

STEP 1: Access and Training for the ATV System

Non-Physician Training

- Review the Patient Travel Toolkit website
- Go to Admissions, Travel and Vouchers (ATV) website
- Select the *Get Access* tab
- Submit the information below to begin the process. Please enter:
 - Your NIH username
 - Your first and last name
 - Your supervisor's email address
- Notify your supervisor that an email will be sent for their approval and they must take action for the process to proceed
- Once your supervisor approves the request, you will receive an email with a link to the ATV2 Computer-Based Training (CBT) course
- Complete the online training module
 - Allow 60 minutes to complete the training. The training can be done in a single session or multiple sessions.
 - Take the quiz at the end of the training
 - At the end of the quiz, click the *Exit* button twice
 - A Congratulations web page is displayed confirming that you have access to ATV to submit requests

Note: Access to the CBT course is available at any time

Physician Access

- Contact the NIH CC Credentialing Department:
 - Between 9AM -5PM, call 301-496-5937
 - After hours, email Joe Hendery, in Global

STEP 2: Entering an Initial ATV Request

- Log onto the ATV website
- A statement regarding the use of a government computer pops up. Read statement and click *OK*.
- Type in the first 3 letters of the patient's first and last name on the screen in the spaces provided then select *Search*
 - If patient is not found, select *New Patient* – see below for additional information
 - If the patient is found:
 - Select *New Request*
 - Ensure that it is the correct patient
 - Ensure that all previously entered information is correct; If any information needs to be changed, correct as needed

For New Patients

Select if patient will be seen at NIH clinical Center or at External Location

- Enter the following information in the fields provided (* = mandatory):
 - Last name * (use Legal Name)
 - First name * (use Legal Name)
 - Middle name (If patient does not have a middle name, leave it blank)
 - Social Security Number (required if patient is receiving any travel reimbursement or government arranged air/train travel)
 - Gender *
 - Birth Date *
 - Preferred Language for Healthcare *
 - Street: Enter address * (use Address Line 2 if you need to include more information, i.e., apartment/unit number)
 - City *
 - State/Province *
 - Zip/Postal Code *
 - Country *
 - Phone number * (include country code if applicable, include cell number if applicable)
 - Must be entered in the format: xxx-xxx-xxxx
- Enter the source of Referral
 - If physician referred:
 - Complete the referring physician's information (note: no fields are mandatory; provide what information you have)
 - If the Referring Physician will be receiving information from NIH, select the box beside the statement [Click here if the Referring Physician is also a Physician who will receive Patient reports from NIH](#)
 - If self-referred, select *Self*
- Select *Create* and the next screen will have all of the demographic information posted
- Double check to make sure all information is correct
- If information is not correct, click *Demographics* and make changes accordingly
- Click *Save*

STEP 3: Admission Visit Entry

In order to admit a patient for an inpatient admission or first outpatient registration, the following process is followed:

- Select *Admissions* button below the header demographic information
- Select the Institute from the drop-down menu: Select *NCI*

- Select the Branch using these steps:
 - Select the "*" below the space to search for Branch
- Select the Protocol using these steps:
 - Select the "*" beside the space to search for protocol
 - Type in the first two numbers of the protocol in the space at the top of the pop-up box
- Select the Attending Physician:
 - Click on the "*" under the First Name space to search for names
 - Click on the first letter of the Attending's last name using the pop-up box
 - Scroll down until you see the Attending's Name
 - Click on the Attending's Name
- Select the Primary Provider using these steps:
 - Click on the "*" under the First Name space
 - Click on the first initial of the Providers last name in the pop-up box and scroll down to select the correct provider
- Select Patient's Diagnosis from the drop-down menu or type in the patient's diagnosis
- Outpatient Visit Date: Enter the date the Patient is scheduled to come in for their first visit using the MM/DD/YYYY format
- Outpatient Visit Time: Enter the time the Patient is scheduled to come in for their first visit using the HH:MM AM/PM format
- Outpatient Care Unit: Select appropriate clinic (e.g., OP3, OP12, OP13) from the drop-down list
- Contact/Submitter Information: The Contact/Submitter Information will default to the individual entering in the information. If this information needs to be changed, enter the appropriate information. (* = mandatory)
 - Submitter Last Name,
 - Submitter First Name,
 - Submitter Pager (if applicable),
 - Submitter Phone,
 - Submitter Mobile (if applicable), and
 - Submitter Location (Building Number and Room Number)
- Ensure all information entered is correct
- Click *Submit*
- Once submitted, the computer will give a Request Number at the top of the screen and will forward you to the next screen, the *Welcome Letter*
- The *Welcome Letter* should be sent to all new patients and can be included in the Welcome Packet sent by the PCC, Research or Referral Nurses
 - If the *Welcome Letter* is not going to be used, scroll to the bottom of the page and select *Cancel*

Note: If the letter is cancelled, use the following steps to retrieve:

- Hit the *Find Request* tab
- Insert patient's last name, first name
- Select the desired patient
- Look for the ADM type of ATV request
- Under the Action type, click replace letter
- When the *Welcome Letter* is used:
 - Enter any changes or modifications that need to be made in the spaces provided
 - ◆ Text in pink shaded areas are REQUIRED
 - ◆ Text in blue shaded areas should be cleared
- Click the *Save the content of this letter and preview* tab
- Print letter if desired
- The letter will pop up after you click, *Save the content of this letter and preview*

Note: Once the letter has been saved, modifications can be made to it by logging back into the ATV system and making the needed changes. To find the letter, use the Request Number as a reference.

- Options for *Welcome Letter*: Letter can be generated in English, Spanish, and Large Print
- The ATV Request may be printed out and placed in the research chart if desired. When printing out the request:
 - Click on the Request Number
 - The form will pop up
 - Click the *PRINT* Icon
- Click *Logout* when finished using the ATV system

STEP 4: Reactivating a Medical Record Number (MRN)

A medical record number is deactivated in CRIS due to inactivity after 5+ years or if a patient is no longer enrolled on active protocols.

Note: A new MRN is not assigned to an existing patient; patients will keep same MRN for lifetime.

In order to reactivate a patient's MRN, use the following process:

- Select *Find a patient*
- Enter Patient's last and first name in the spaces provided; select *Search*
- Confirm it is the correct patient select
- Select *New Request* for selected patient
- Select *Admissions* button below the header demographic information
- Select the Institute from the drop-down menu

- Select the Branch using these steps:
 - Select the "*" below the space to search for Branch
- Select the Protocol using these steps:
 - Select the "*" beside the space to search for protocol
 - Type in the first two numbers of the protocol in the space at the top of the pop-up box
- Select the Attending Physician:
 - Click on the "*" under the First Name space to search for names
 - Click on the first letter of the Attending's last name using the pop-up box
 - Scroll down until you see the Attending's Name
 - Click on the Attending's Name
- Select the Primary Provider using these steps:
 - Click on the "*" under the First Name space,
 - Click on the first initial of the Providers last name in the pop-up box and scroll down to select the correct provider
 - Select Patient's Diagnosis from the drop-down menu or type in the patient's diagnosis
- Outpatient Visit Date: Enter the date the Patient is scheduled to come in for their first visit using the MM/DD/YYYY format
- Outpatient Visit Time: Enter the time the Patient is scheduled to come in for their first visit using the HH:MM AM/PM format
- Outpatient Care Unit: Select appropriate clinic (e.g., OP3, OP12, OP13) from the drop-down list
- Contact/Submitter Information: The Contact/Submitter Information will default to the individual entering in the information. If this information needs to be changed, enter the appropriate information. (* = mandatory)
 - Submitter Last Name,
 - Submitter First Name,
 - Submitter Pager (if applicable),
 - Submitter Phone,
 - Submitter Mobile (if applicable), and
 - Submitter Location (Building Number and Room Number).
- Ensure all information entered is correct.
- Click *Submit*.
- Once submitted, the computer will give a Request Number at the top of the screen will forward you to the next screen, for *Welcome Letter* (create *Welcome Letter* as referenced above)

Step 5: Editing Demographic Information

- Log onto the ATV website
- Enter Patient's last and first name in the spaces provided; select *Search*
- Confirm it is the correct patient; select *Change*
- Change the patient's demographic information
- Select *Save Changes*
- A new request number will appear at the top of the page
- Click Logout when finished accessing the ATV system.
- You will receive an e-mail notification once the change has been processed (can take up to 24 hours)
- Once change is processed, it will be reflected in CRIS

Note: The following edits/requests must be entered in CRIS:

- Change Protocol Assignment
- Change Physician Assignment
- Change MD to Receive Reports
- Change Chief Complaint

STEP 6: Modify ATV Admission Request

- Modifications can be made by selecting the *Modify* button under actions
- "Unconfirmed" requests can be modified to remove the "unconfirmed" message that pops up when you log in
- You can only modify admissions ATVs
- Fields that can be modified:
 - Date of admission
 - Care unit of admission
 - Cancel admission

STEP 7: Financial Assessments and Reimbursement

Reimbursement

The reimbursement section must be filled out in order for the patients to be activated in the ATV system for any vouchers that involve government arranged travel or reimbursement to be processed. This also must be done for every protocol number change, to avoid receiving the patient travel page to include reimbursement request.

- Search for patient
- Select *Reimbursement* tab
- Type in date patient informed of reimbursement policy
- Type in name of who informed patient of reimbursement

- Select *Response to reimbursement* from drop down menu (choices include accept reimbursement, decline reimbursement or request supplemental reimbursement)
- Select type of Supplemental Reimbursement: Financial, Medical or None.
 - If Financial is selected, the Social Work Department will complete a financial needs assessment
 - If Medical is selected, the Patient Support Services Department will review for medical needs
 - Any additional funds requested will need to be approved by Dr. Dahut or Cheryl Royce

Financial Assessments

- Requests are entered through ATV and processed in the order they were received. The Social Work Department representative has 72 hours to process the request (approved, not approved or unable to contact).
- If there is a special need or circumstance, please include that in the ATV request or call/email the Social Work Department to provide the information.
- Responses are entered in ATV, and documented by the Social Worker, followed by a subsequent e-mail of the decision. ATV can be checked for a decision of financial need (Approved vs. Denied)

STEP 8: Requesting Government Arranged Travel (GAT)

Government-Arranged Travel Requests submitted via ATV are sent to the Patient Travel Office at the Clinical Center for processing. The Social Security Number (SSN) **is required** for the patient to receive a plane/train ticket paid from government funds.

- To enter government arranged travel follow the following steps
 - Search for patient name
 - Choose *GAT* (Government -Arranged Travel)
 - Type in dates of travel
 - Search and type in protocol number
 - If patient traveling with a guardian, type in guardian name (guardian will need exception approval by Cheryl Royce, refer to Step 9)
 - Choose travel method from drop down screen (plane, train)
 - Indicate special needs such as wheelchair from drop down screen
 - Type in remarks as needed for travel
 - Type in justification if reimbursement exception is requested (see step 9)
- Click *Submit* button when above information is filled in

STEP 9: Requesting Reimbursement for Travel Related Expenses (Meals, Lodging and/or Transportation)

Voucher Requests for local transportation, meals, and lodging that are submitted are sent to the Patient Travel and Voucher Office for processing. The Social Security Number (SSN) **is required** for the patient to receive government funds and the patient will have to provide a photo ID to turn in the voucher for money at the NIH Cashier's Office.

Note: ATV system is not used to request the Safra Lodge.

Lodging

- To enter a voucher request:
 - Search for patient name
 - Choose Lodging type from drop down menu (Hotel, Children's Inn, other)
 - Type in dates for check in and check out
 - Indicate if this is a direct bill request and if so, type in confirmation number
 - If patient is with a guardian, type in the guardian name and dates from and to
 - Search and type in protocol number
 - Type in justification if reimbursement exception is requested (see step 9)
 - Click *Submit* button when above information is filled in
- Hotel reservations must be notified of a cancellation 24 hours prior to the check in to avoid charges to the IC. Staff or patient/family members may cancel reservations on their own using the confirmation number.

Note: During high tourist seasons (Cherry Blossoms Festival, US Open Golf Tournament, Easter, hotels may be full.

Meals (Pediatric and transplant protocols only)

- To enter a meal request:
 - Search for patient name
 - Choose *Meal*
 - Type in the name of the person approved for meal reimbursement (patient name if patient receiving meal reimbursement or guardian name if guardian is receiving meal reimbursement)
 - Type in relationship (for example guardian or caregiver)
 - Type in amount of reimbursement (amount of reimbursement is \$8 per day for pediatric NCI patients and \$15 for caregivers. If requesting for a guardian and the patient type enter the total amount per day, for example \$23 per day)
 - If requesting meals for patient and guardian, enter in the remarks section "pay patient and guardian/caregiver for meals " and enter the amount the patient is to receive and the amount the guardian is to receive.
 - If Guardian reimbursement is not covered by protocol on the DRTS form, written exception approval from Dr. Dahut or Cheryl Royce is required and needs to be sent to the voucher office.

- Type in dates for meal reimbursement
- Search and type in protocol number
- Type in justification if reimbursement exception is requested (see step 9)
- Click *Submit* button when above information is filled in

Transportation:

- To enter a transportation reimbursement request:
 - Search for patient name
 - Select *New request*
 - Under Patient Arranged and Reimbursed (local and long-distance)
 - Select travel Choose Travel method (car mileage, taxi, bus, etc.)
 - Type in dates for travel
 - Search and type in protocol number
 - Choose type of travel from drop down menu (this is different request from government authorized travel)
 - Click *Submit* button when above information is filled in

STEP 10: Individual Patient Exceptions

- All preplanned exceptions need to be approved by the CCR Clinical Directors Office with an email confirmation of approval from Dr. Dahut or Cheryl Royce.
- Requests for exception must be sent by email to the CCR Clinical Directors Office and once exception is approved email needs to be forwarded to Karen Kaczorowski, Rebecca Dove, and Cheryl Swinson to complete exception process.
- If an exception is approved, you must make a note of this in the “Exception Justification” section. For example, write “Exception for **** approved by Cheryl Royce. Approval on file with Rebecca Dove”

STEP 10: Setting your Preferences

You can set your e-mail notification preferences under the “Preferences” tab.

- Select Preferences
 - The first three values below indicate whether or not you wish to receive notification by email for:
 - Assignment of MRN when a new patient is created in CRIS
 - Demographic Change request is updated in CRIS
 - Patient Travel Exception Review for Financial Needs Assessment completed
- EXT-LOC
 - This value will allow selection of an external location for new patients and will prompt when the New Patient button is selected.

- You may modify preferences by clicking the Edit link below.

MRN notification	Yes
Demographic notification	Yes
Review notification	Yes
Use external location	Yes